PATENT APPLICATION FEE DETERMINATION RE Effective December 8, 2004							EC(	ORD	Application or Docket Number				
									10	595896			
		Effective December 8, 2004  CLAIMS AS FILED - PART I  (Column 1) (Column 2)  MATIONAL STAGE FEES  SMALL ENT. = \$ 150   LARGE ENT. = \$ 300    NATION FEE   Satisfies PCT Article 33(1)   All other situations = \$ 100 / \$ 200    CH FEE   Substitutions = \$ 200 / \$ 400   All other situations = \$ 250 / \$ 500    SMALL ENTITY  TYPE   TO   OTHER THAN SMALL ENTITY  TYPE   TO   OR   SMALL ENTITY  RATE   FEE   RATE   FEE    EXAM. FEE   EXAM. FEE    SEARCH FEE   SEARCH FEE   SEARCH FEE   SEARCH FEE    SEARCH FEE   SEARCH FEE   SEARCH FEE   SEARCH FEE    SEARCH FEE   SEARCH FEE   SEARCH FEE   SEARCH FEE   SEARCH FEE   SEARCH FEE    SEARCH FEE   SEARCH											
U.S.	NATIONAL S	TAGE FEES	·					RATE	FEE		RATE	FEE	
BAS	C FEE		SMALL ENT.	= \$ 150	LARG	E ENT. = \$ 300		BASIC FEE	150	OR	BASIC FEE		
EXAMINATION FEE								EXAM. FEE	199		EXAM. FEE		
SEARCH FEE .			ALL other countries =					SEARCH FEE	37.J		SEARCH FEE		
FEE FOR EXTRA SPEC. PGS.			minus 100 =		/ 50 ≐			X \$ 125 =	9		X \$ 250 =		
тот	AL CHARGEAB	LE CLAIMS	17 min	us 20 =	•			X \$ 25 =	المتعلقة والم	OR	X \$ 50 =		
INDEPENDENT CLAIMS  MULTIPLE DEPENDENT CLAIM PRI  * If the difference in column 1 is			e) mi	nus 3 =	•			X \$ 100 =	* .	OR	X \$ 200 =		
MUL	TIPLE DEPEND	DENT CLAIM PRE	SENT					+ \$ 180 =	, , , ,	OR	+ \$ 360 =		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL		
SMALL ENTITY OR SMALL E									### PART I   (Column 2)				
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	NUM PREVI		BER OUSLY			RATE	TIONAL	·	RATE .	TIONAL	
	Total	•	Minus ,	<b>"</b>	0	2		X \$ 25 =		OR	X \$ 50 =		
AMEN	Independent	から	Minus	***	3	n		X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =		
	· · · · · · · · · · · · · · · · · · ·									OR			
	٠	(Column 1)		(Cotu	mn 2)	(Column 3)							
яв		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	EST IBER OUSLY	PRESENT		RATE	TIONAL		RATE	TIONAL	
DME	Total	*	Minus	**		E		X \$ 25 =		OR	X \$ 50 =		
AMENDMENT	Independent	•	Minus	***				X \$ 100 =		OR	X \$ 200 =		
,	FIRST PRESENTATION OF MULTIPLE DEPENDENT O				CLAIM		ŀ	+ \$ 180 =		OR	+ \$ 360 =		
										OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" (N THIS SPACE is less than "20", enter "20".  *** If the "Highest Number Previously Paid For" (N THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													